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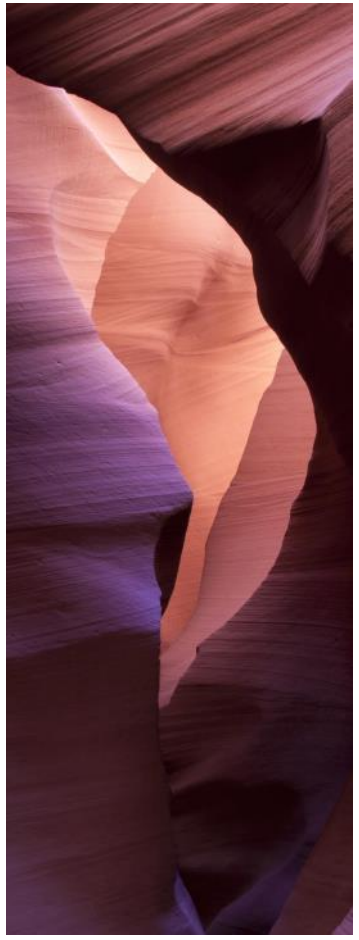

DaxibotulinumtoxinA for Injection (RT002)
Investigational Product for the
Treatment of Cervical Dystonia

Interim Results for Phase 2 Open-Label Study

RT002 is an investigational product

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FORWARD-LOOKING STATEMENTS / SAFE HARBOR

This presentation contains forward-looking statements, including statements related to: our financial outlook and other financial performance; the process and timing of anticipated future clinical development of our product candidates; our business strategy, goals, plans and prospects; timing and outcome of our clinical trials; our ability to obtain regulatory approval; the potential therapeutic and economic benefits and value of our product candidates and our technologies; demand for our product candidates and drivers of demand; market size, adoption rate and potential revenue; growth opportunities and product pipeline; our ability to leverage our investment in our development and manufacturing platform; and our intellectual property strategy.

Forward-looking statements are subject to risks and uncertainties that could cause actual results to differ materially from our expectations. These risks and uncertainties include, but are not limited to: the outcome, cost and timing of our product development activities and clinical trials; the uncertain clinical development process, including the risks that interim results are not indicative of final results and that that clinical trials may not have an effective design; our ability to obtain and maintain regulatory approval of our product candidates; our ability to obtain funding for our operations; our plans to research, develop and commercialize our product candidates; our ability to achieve market acceptance of our product candidates; unanticipated costs or delays in research, development and commercialization efforts; the applicability of clinical study results to actual outcomes; the size and growth potential of the markets for our product candidates; our ability to successfully commercialize our product candidates and the timing of commercialization activities; the rate and degree of market acceptance of our product candidates; our ability to develop sales and marketing capabilities; the accuracy of our estimates regarding expenses, future revenues, capital requirements and needs for financing; and our ability to continue obtaining and maintaining intellectual property protection for our product candidates.

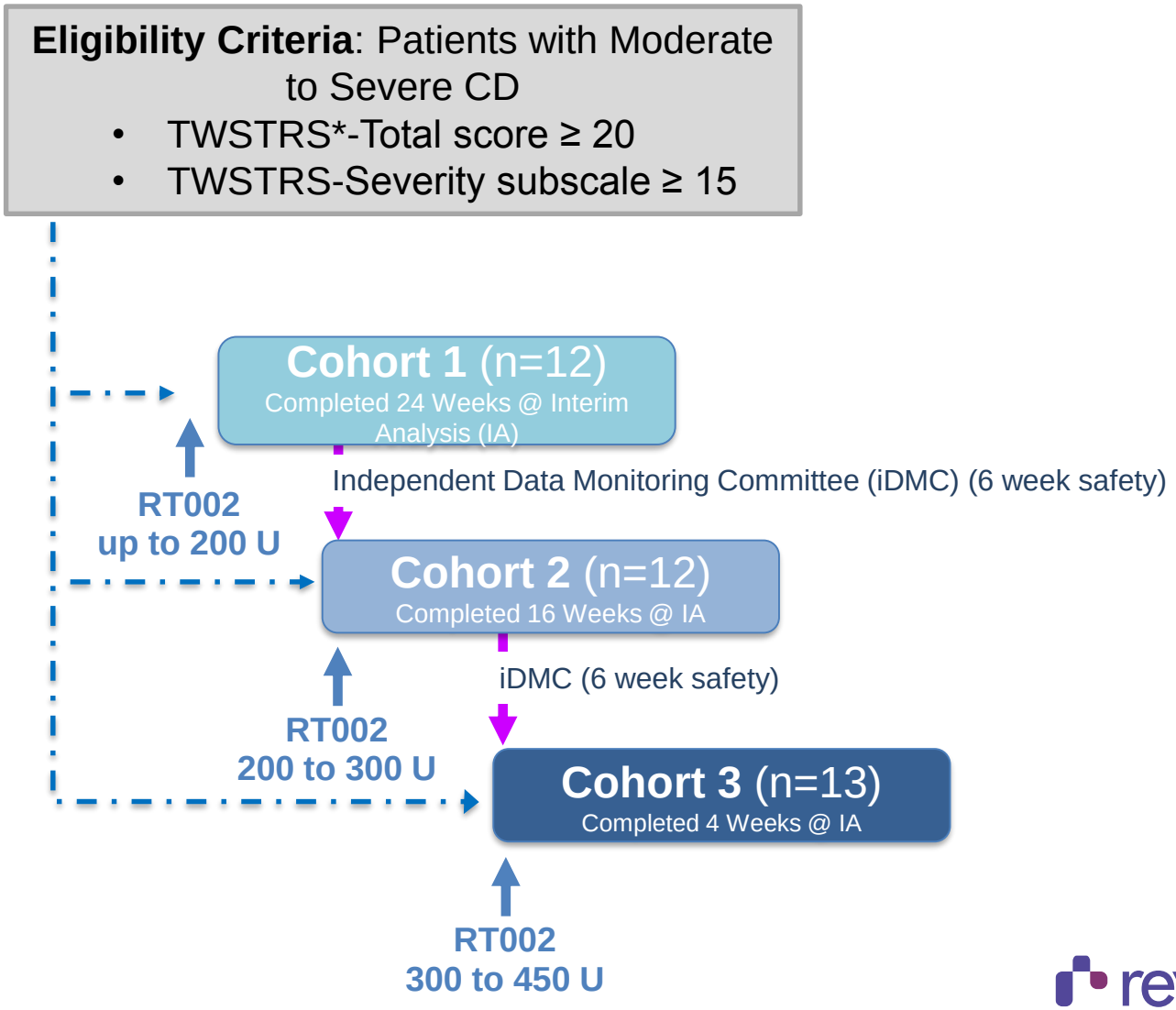
These and other risks are described in the “Risk Factors” section of our Form 10-Q filed with the Securities and Exchange Commission on November 4, 2016. The “Risk Factors” section of 10-Q speaks only as of the date thereof. These forward-looking statements speak only as of the date hereof or the date specified. Revance disclaims any obligation to update these forward-looking statements.

Cervical Dystonia (CD) Phase 2 Study Objectives, Primary & Secondary Efficacy Endpoints

- **Study Objectives**
  - To assess the safety and preliminary efficacy of RT002 for Injection in subjects with isolated CD
  - To evaluate the duration of effect of RT002 for Injection in the treatment of isolated CD
- **Primary Endpoint**: Improvement of dystonia, as measured by change from baseline in TWSTRS-Total score at Week 4
- **Secondary Endpoints**:
  - Change from baseline in TWSTRS-Total score
  - Change from baseline in TWSTRS subscale scores: (i.e. TWSTRS-Severity Scale, TWSTRS-Disability Scale & TWSTRS-Pain Scale)
  - Duration of effect, as assessed by the number of weeks from treatment until return of symptoms that warrant treatment, regarded as when a subject reaches or exceeds their target TWSTRS-Total score, or subject expresses a need for treatment and investigator agrees that it is necessary
  - Percentage of responders showing improvement on CGIC
  - Patient-rated quality of life, measured by change from baseline in CDIP-58 Total score (all post-treatment time points)

TWSTRS: Toronto Western Spasmodic Torticollis Rating Scale; CGIC = Clinician Global Impression of Change; CDIP-58 = Cervical Dystonia Impact Profile-58

Cervical Dystonia (CD) Phase 2 Study Design



* Toronto Western Spasmodic Torticollis Rating Scale

Demographics

	Cohort 1 (N=12)	Cohort 2 (N=12)	Cohort 3 (n=13)	All (n=37)
Mean age (range)	57 (46--74)	52 (32--70)	58 (30--69)	56 (30--74)
Females, n (%)	11 (92%)	8 (67%)	9 (69%)	28 (76%)
Mean RT002 dose, U, (range)	174 (100--200)	229 (200--300)	323 (300--450)	244 (100--450)
Mean CD Disease Duration, years, (range)	8.5 (0.4—21.7)	5.1 (0.0—24.1)	9.0 (0.6—23.3)	7.6 (0.0—24.1)
Prior Treatment with BotulinumtoxinA	5 (42%)	4 (33%)	6 (46%)	15 (41%)

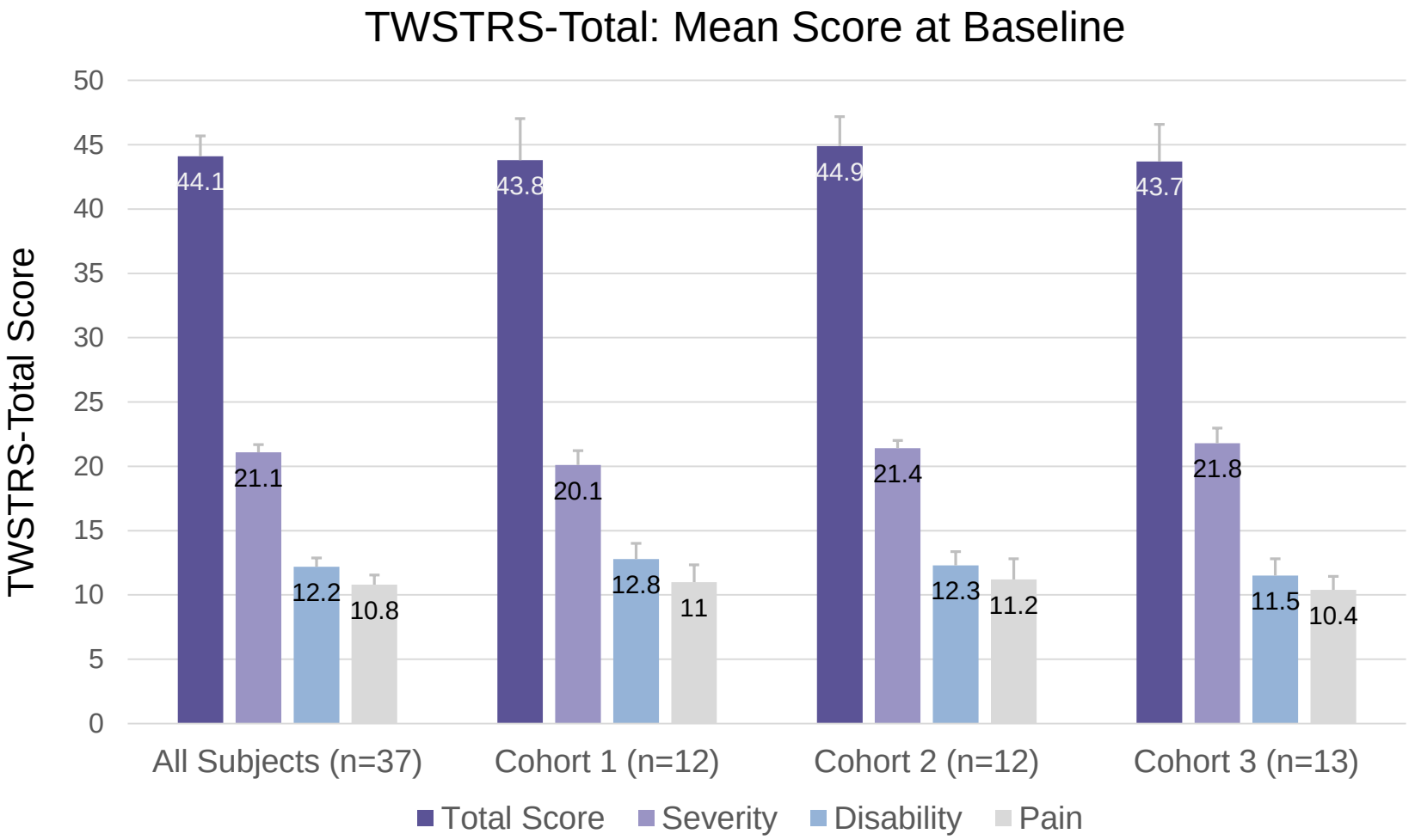
Treatment-Related Adverse Events (≥ 2 Events)

Preferred Term	Cohort 1 (N=12)	Cohort 2 (N=12)	Cohort 3 (n=13)	All (n=37)
Subjects with treatment-related AEs, n (%)	6 (50%)	5 (41.7%)	2 (15.4%)	13 (35.1%)
Total number of Treatment-related AEs*	8	8	4	20
Dysphagia	1 (8.3%)	2 (16.7%)	1 (7.7%)	4 (10.8%)†
Injection site erythema	2 (16.7%)	0	1 (7.7%)	3 (8.1%)
Injection site pain	0	1 (8.3%)	1 (7.7%)	2 (5.4%)
Muscle tightness	0	1 (8.3%)	1 (7.7%)	2 (5.4%)
Muscular weakness (Neck)	2 (16.7%)	0	0	2 (5.4%)‡

Note: One case of severe neck pain reported; onset day 10, duration 2 days

* Including AEs in only 1 event
† All events mild in severity
‡1 mild, 1 moderate in severity

Mean Baseline TWSTRS-Total Score and Subscales



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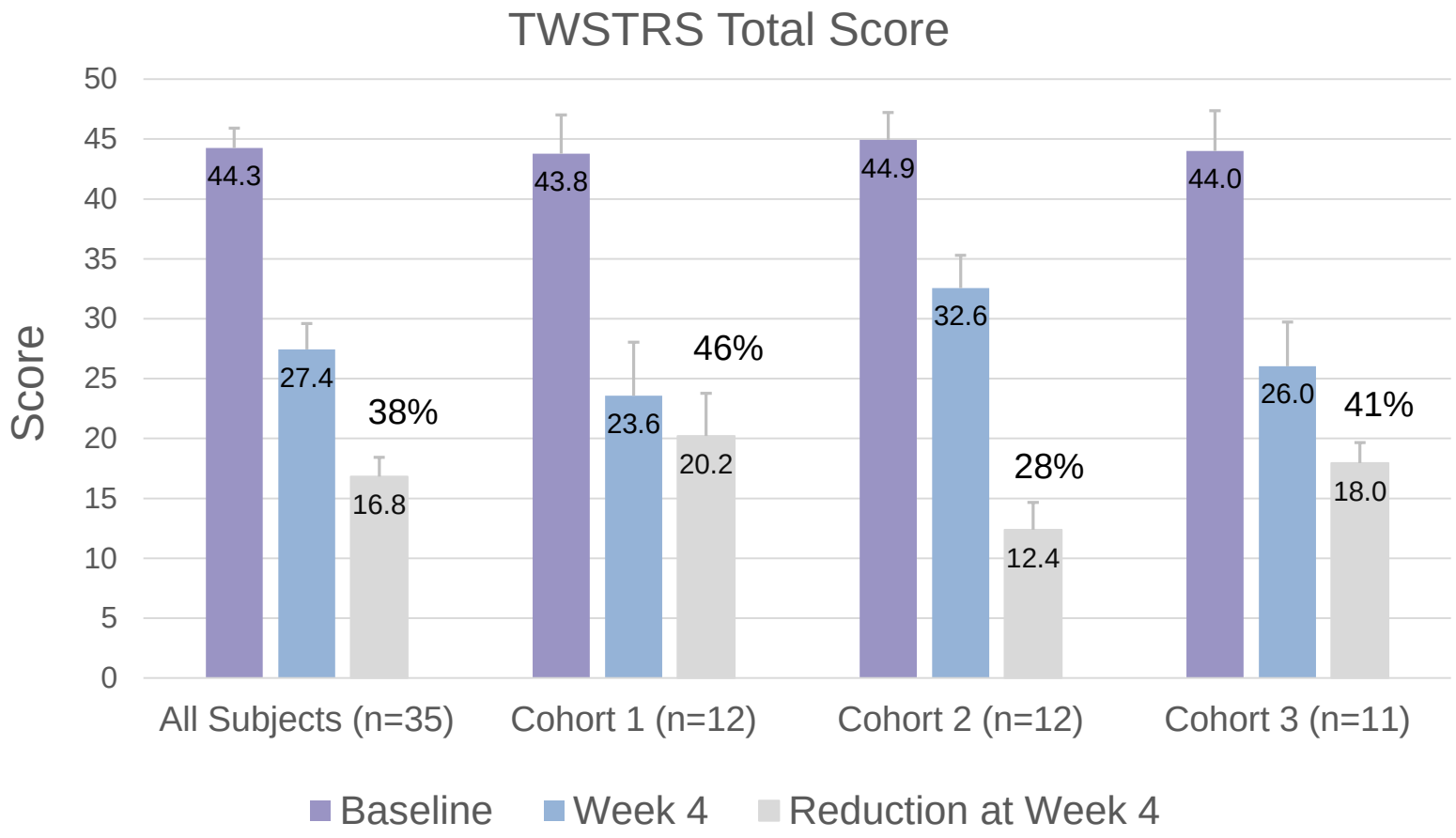
Primary Endpoint:
Reduction in TWSTRS-Total Score at Week 4 by Cohort

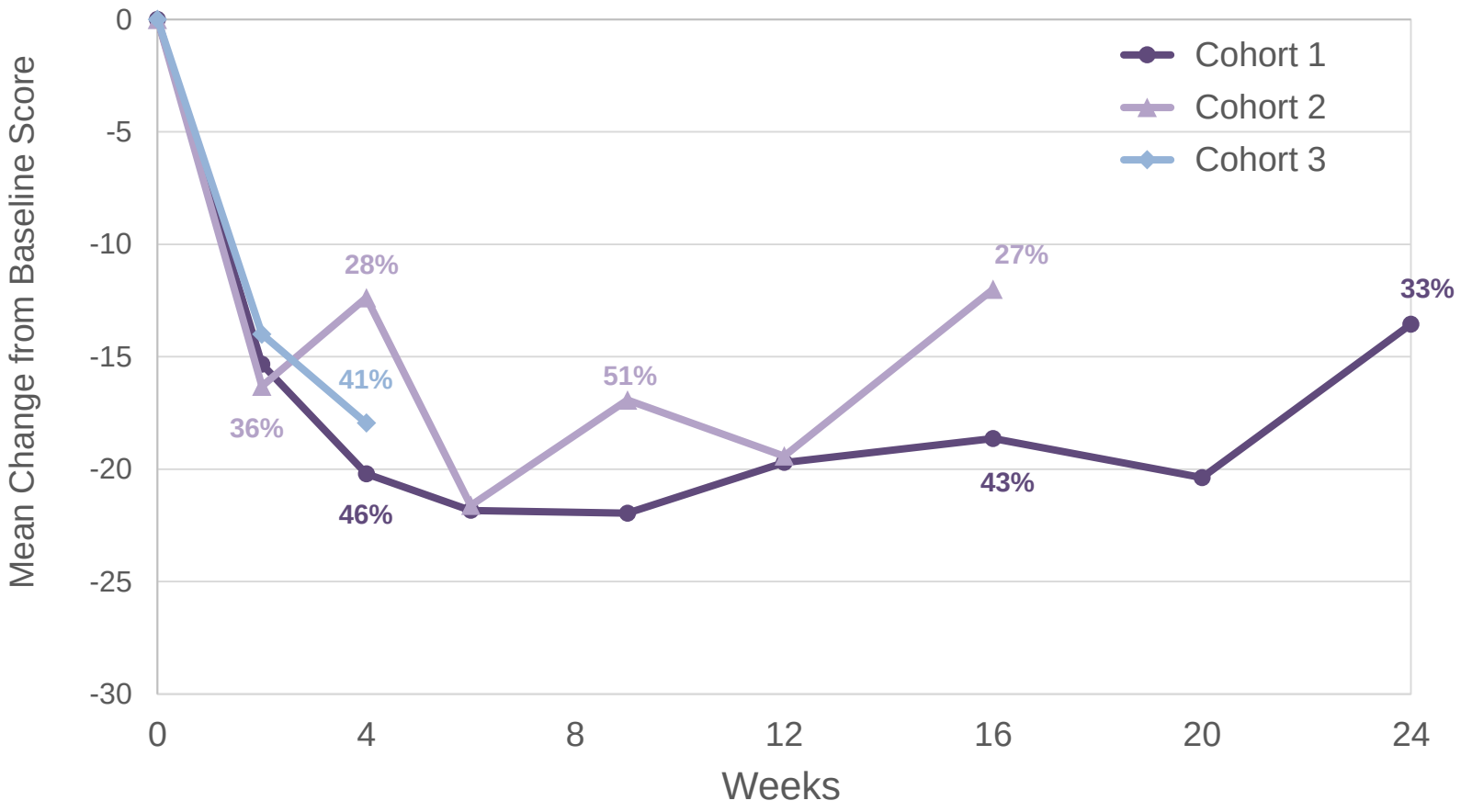
Clinically Meaningful Reduction in TWSTRS-Total Score Observed at Week 4 across all 3 Cohorts



NOTE: 1) Two subjects currently on study had missing value at Week 4 for IA

Secondary Endpoint:
Change from Baseline in TWSTRS-Total Score over Time

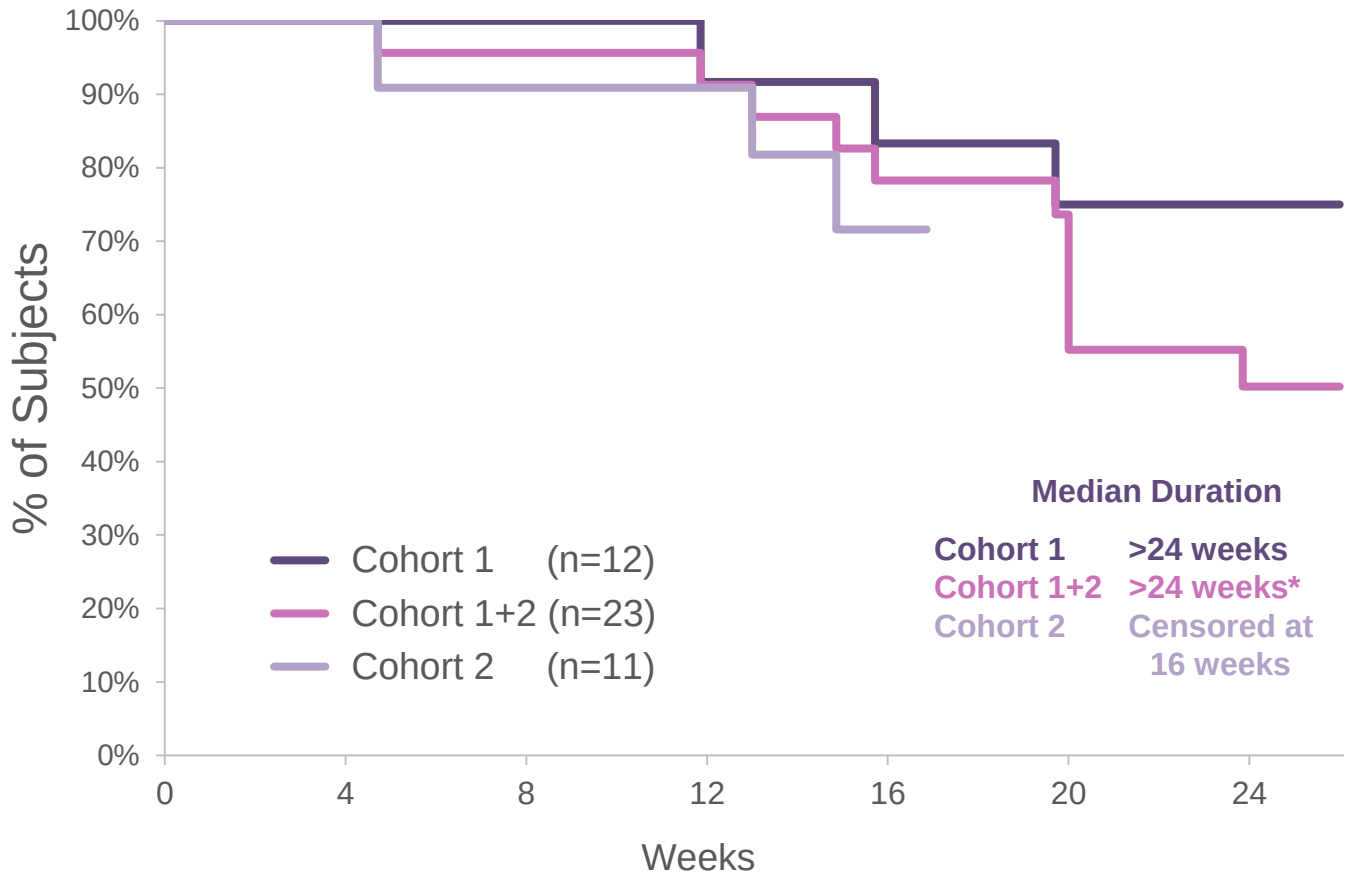
Clinically Meaningful Reduction in TWSTRS-Total Score Observed by Week 2 and Maintained to Week 24 for Cohort 1*



* Later-enrolled subjects in the second and third cohorts have yet to complete the trial's 24-week protocol.

Secondary Endpoint: Duration of Response as Defined by Reaching / Exceeding Target-TWSTRS Score (of Subjects with Improvement at Week 4)

Median Duration of Response > 24 Weeks for Cohort 1



*Cohort 1+2 analysis based on worse-outcome imputation for ongoing subjects

Note: 1) Study discontinuation prior to Week 24 counted as an event. 2) Analysis for Cohort 2 censored at Week 16 as portion of subjects within cohort have yet to complete study.

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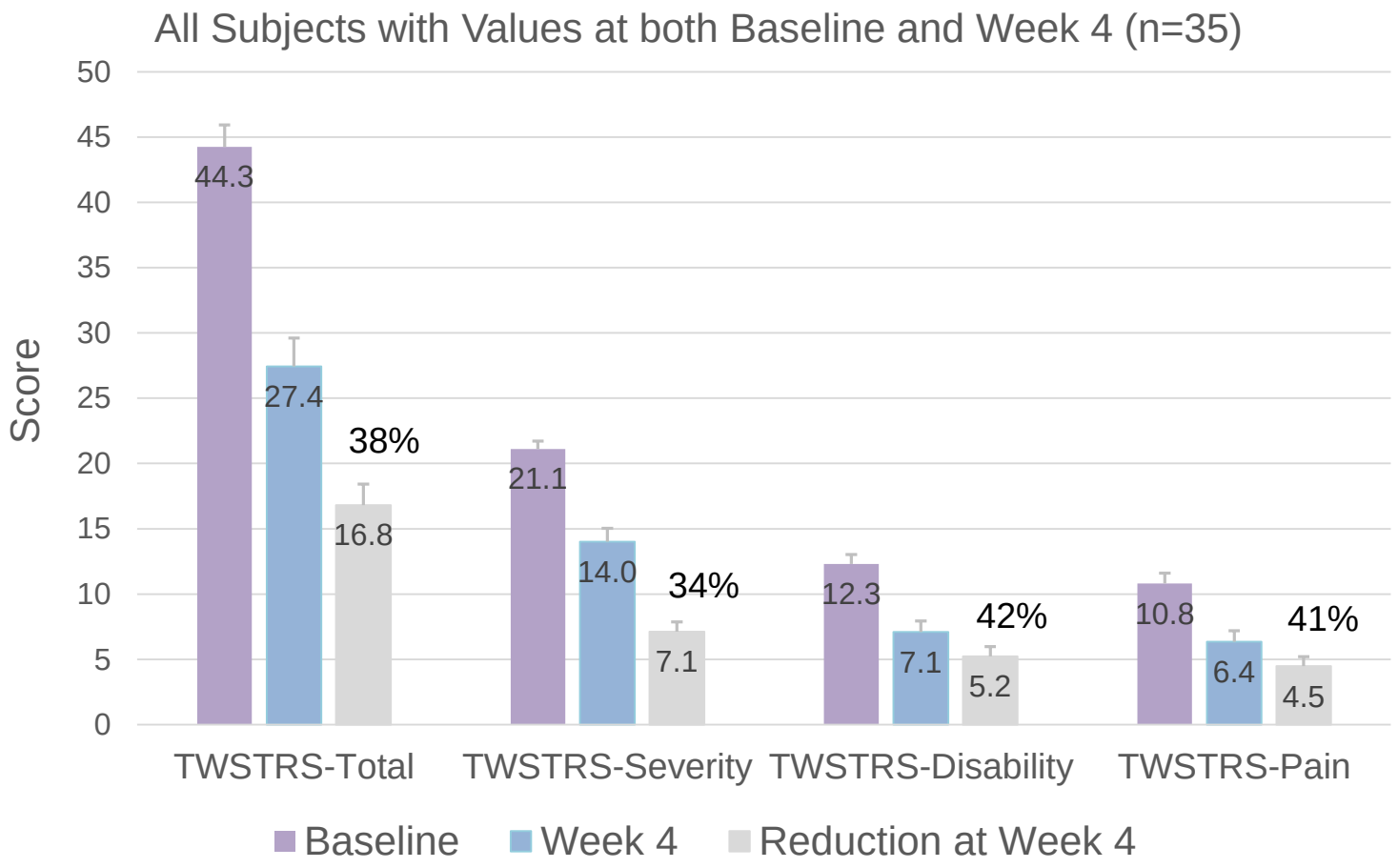
Primary & Secondary Endpoints:
Reduction in TWSTRS-Total Score and Subscales at Week 4

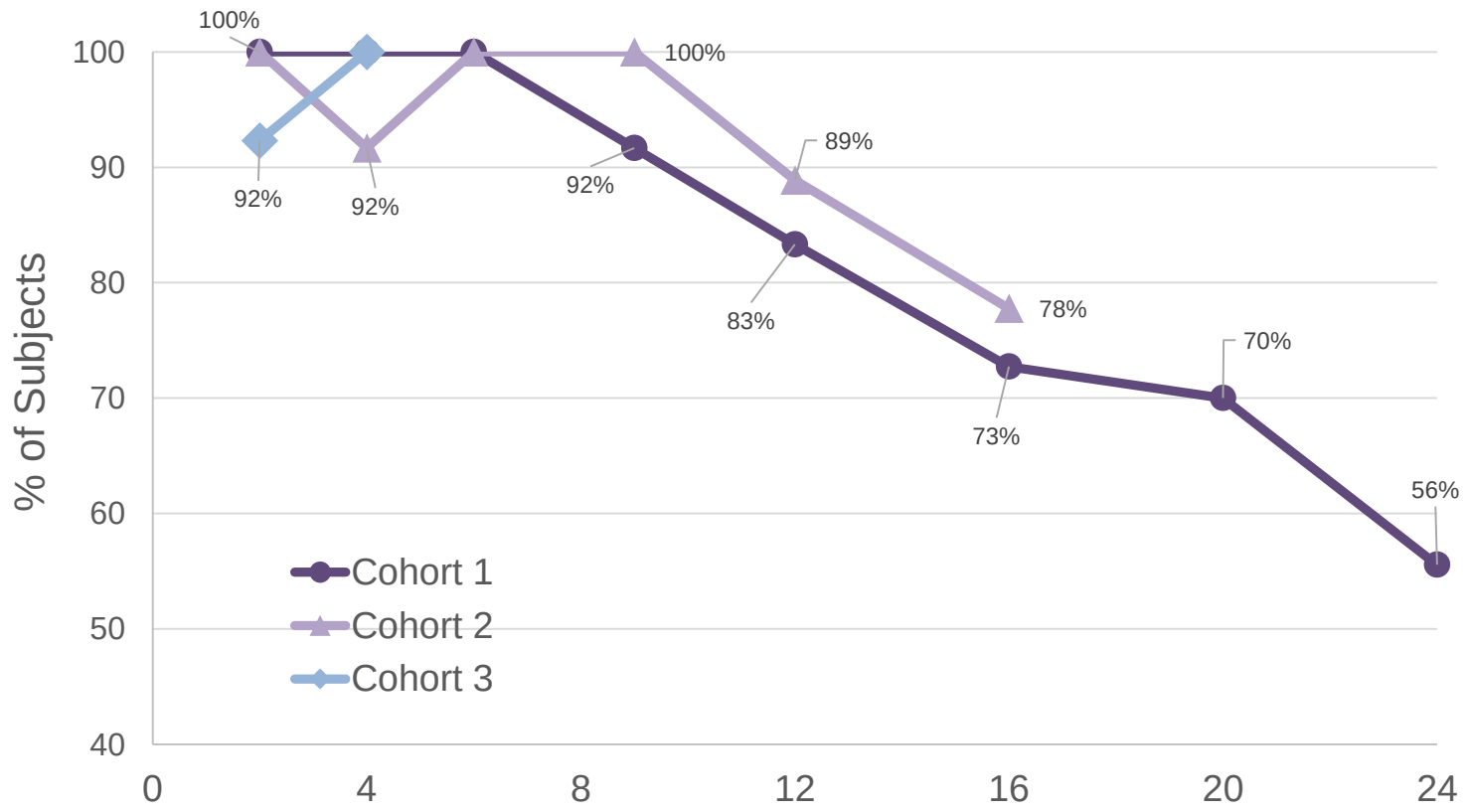
Clinically Meaningful Reduction Observed across all 3 TWSTRS Subscales at Week 4



NOTE: Subjects with a missing value for either Baseline or Week 4 are excluded from the summary.

Secondary Endpoint:
Proportion of Responders with Improvement in CGIC* (Score >0) by Visit

At Least 70% Response Rate at Week 16 Observed in Cohorts 1 and 2, with majority of benefit maintained in Cohort 1 subjects at Week 24



* Clinician Global Impression of Change

Note: Based on observed data only and n's varied at each time point

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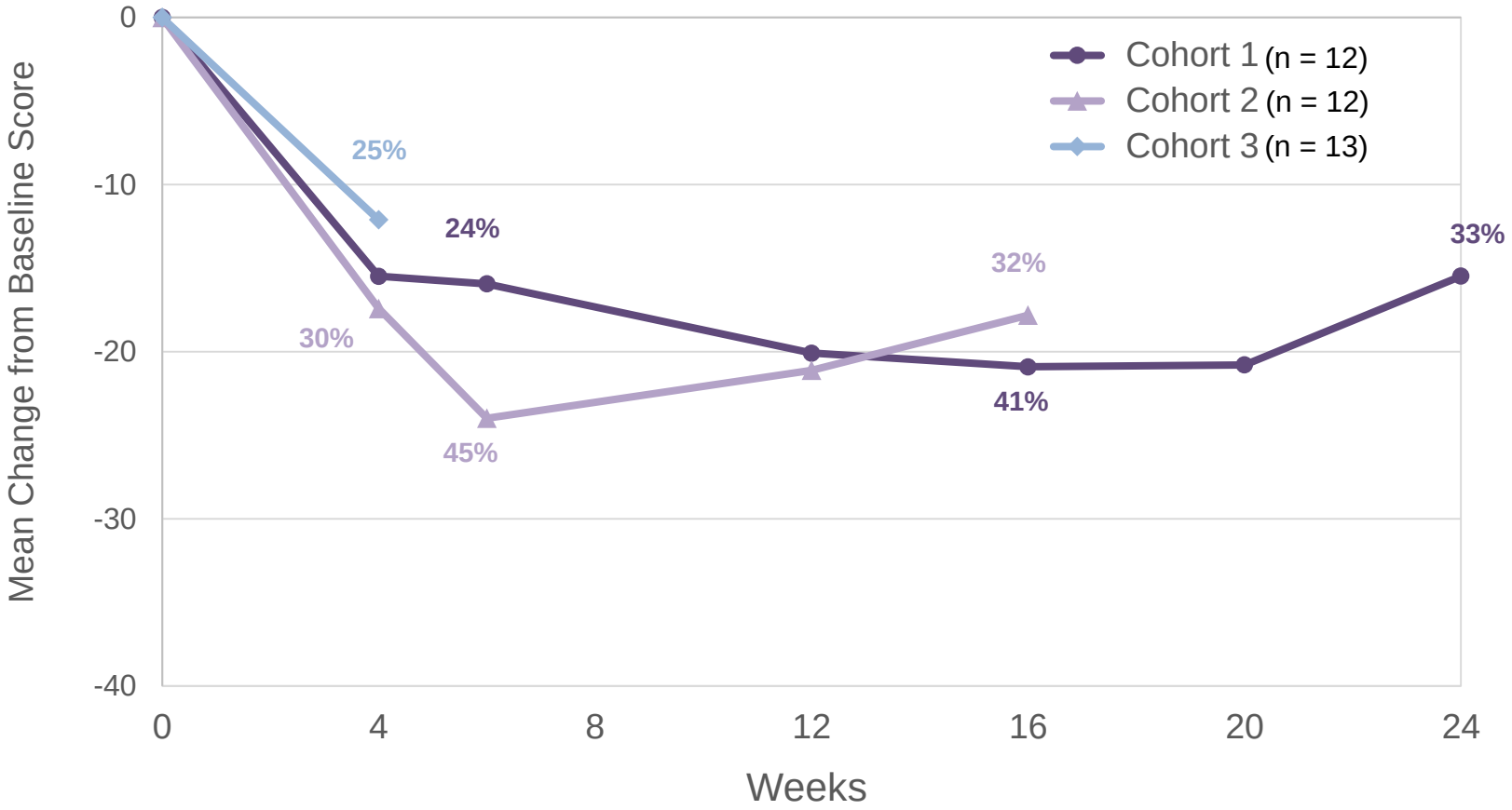
Secondary Endpoint:
Change from Baseline in CDIP-58* over Time

Meaningful Improvement in Patient Rated Quality of Life Observed at Week 4, with Majority of Benefit Maintained in Cohort 1 at Week 24



* Cervical Dystonia Impact Profile-58 Quality of Life Measure
Note: Based on observed data only and n's varied at each time point

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Summary of Safety Results

- RT002 appeared to be generally safe and well tolerated across all 3 cohorts, with no increase in treatment-related AE's upon dose escalation
- Total of 20 Treatment Related AE's reported in 13 of 37 subjects
  - Most frequently reported: dysphagia (10.8%), injection site erythema (8.1%) injection site pain (5.4%), muscle tightness (5.4%) and muscular weakness (5.4%)
  - All Treatment Related AE's were mild or moderate in severity except for one case of neck pain reported as severe (Day 10 onset, duration of 2 days)
  - Trials of other BoNTA products approved to treat CD have rates of dysphagia ranging from 13-39%*
- No Serious AE's were reported
- The following Treatment-Related AE's associated with distant spread of toxin were not observed: dry mouth, generalized weakness, dysphonia, dysarthria or difficulty breathing

* Includes BOTOX, Dysport DBL, Dysport and Xeomin. Data as reported in product prescribing information

Summary of Efficacy Results

- Clinically meaningful treatment benefit addressing the disabling features of CD was observed in the TWSTRS-Total Score, with a mean reduction of 38% across all subjects at Week 4
  - In Cohort 1, with a mean dose of 174U, the majority of the treatment benefit observed at Week 4 (46% improvement) was maintained at Week 24 (33%)
  - Clinically meaningful mean reductions in the TWSTRS Severity, Disability and Pain subscales were consistent and also observed at all time points in Cohort 1
- **Duration of Effect**:
  - The median duration of effect, as measured by the time for subjects to reach their Target TWSTRS Score was > 24 weeks for Cohort 1
  - In Cohort 1, no subjects had returned to their baseline TWSTRS-Total Score at Week 24, while only one subject in Cohort 2 to date returned to baseline, which occurred at the Week 24 visit
  - Complete assessment of RT002 duration was limited by study duration of 24 weeks
  - Current treatment of cervical dystonia calls for injection of botulinum toxin approximately every 3 months, or 4 times per year
- **Clinician Global Impression of Change**: > 70% Response Rate at Week 16 Observed in Cohorts 1 and 2, with majority of benefit maintained in Cohort 1 subjects at Week 24
- **Quality of Life**: A meaningful improvement in patient-rated QoL was observed on CDIP-58 at week 4, with the majority of this benefit maintained in Cohort 1 at Week 24